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Bib Data Sheet

CONFIRMATION NO. 4797

SERIAL NUMBER 10/721,034	FILING OR 371(c) DATE 11/24/2003 RULE	CLASS 600	GROUP ART UNIT 3768	ATTORNEY DOCKET NO. END-5042USCIP
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APPLICANTS

WP
3/14/08
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**** CONTINUING DATA *******

This application is a CIP of 10/153,241 05/22/2002 ABN
 which claims benefit of 60/294,135 05/29/2001

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 02/24/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY OH	SHEETS DRAWING 10	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 5

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TITLE

METHOD FOR MONITORING OF MEDICAL TREATMENT USING PULSE-ECHO ULTRASOUND

FILING FEE RECEIVED 1158	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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